## § 9788.5 California-Specific Modifiers

The following modifiers are to be used in addition to the applicable CPT code and any applicable CPT modifier required pursuant to §9788.2.

- -17 This modifier is to be used by the primary treating physician to identify a permanent and stationary evaluation and report. This modifier shall be appended to each of the following codes, as appropriate: evaluation and management codes, report code 99080, and prolonged service codes.
- This modifier is used to identify a form which is not legally mandated or a report which provides information in excess of that required pursuant to Title 8, California Code of Regulations Section 9785, which is requested by a claims administrator or its authorized agent
- -19 This modifier is used for a return E/M visit within the same calendar day which is medically necessary.
- -30 Consultation Service During Medical-Legal Evaluation: Services or procedures performed by a consultant in the context of a medical-legal evaluation are identified by adding the modifier '-30' to the basic service or procedure code
- -75 Concurrent Care, Services Rendered by More Than One Physician: When the patient's condition requires the additional services of more than one physician, each physician may identify his or her services by adding the modifier -75 to the basic service performed.
- -86 This modifier is to be used when prior authorization was received for services that exceed OMFS ground rules.
- -88 This modifier is to be used when codes are billed by a marriage, family and child counselor or by a licensed clinical social worker.
- -93 Interpreter Required at the Time of Examination:
  Where this modifier is applicable, the value of the procedure is modified by multiplying the normal value by 1.1. Prolonged service codes may not be used in combination with this modifier unless it is documented that the reason for the code is additional time required as a result of factors beyond the need for an interpreter.
- -98 This modifier is to be used when codes are billed for services performed by a physician assistant or nurse practitioner: